

**California Department of Justice**

P.O. Box 160447, Sacramento, CA

95816

Telephone: (916) 227-4051

Fax: (916) 227-5079

Pharmacist Request For Patient Controlled Substance Profile*Complete, accurate and legible information will ensure timely response to your request.*

PHARMACY INFORMATION			
Pharmacy DEA No.:	Pharmacy License No.:		
Pharmacy Name (As it Appears on CA Pharmacy License)			
Pharmacy Address			
	City:	State:	Zip Code:
Telephone No.:	Fax No.:		

PATIENT INFORMATION			
Last Name		First Name	
AKA (Also Known As)		Maiden Name	
Patient Address			
	City:	State:	Zip Code:
Telephone No.:			
Social Security No.:			Date of Birth

ADDITIONAL COMMENTS OR INFORMATION

--

AUTHORIZATION

"I am a licensed pharmacist. I request the history of controlled substances dispensed to the patient in my care identified above, based on data contained in the Controlled Substance Utilization Review and Evaluation System (CURES). I understand that any request for, or release of, a controlled substance history shall be made in accordance with Department of Justice guidelines, that the history shall be considered medical information subject to the provisions of the Confidentiality of Medical Information Act (Civil Code §§ 56 et seq.), and that I should allow ten business days for receipt of the requested history."

Please FAX your request to (916) 227-5079

Or mail to: California Department of Justice, P.O. Box 160447, Sacramento, CA 95816

Pharmacist Signature	Date
_____	_____
Print Pharmacist Name	_____

(as it appears on your CA Pharmacist License)	
Pharmacist License No.	Pharmacist DEA No.
_____	_____

For Department of Justice Use Only	Date Received	Time Received	Date Completed	Time Completed
	Initials	Comments		